

NEBULIZED ALBUTEROL ADMINISTRATION EMT-BASIC PILOT PROGRAM

Protocol:

1. EMT-Basics may administer Nebulized Albuterol via a hand held nebulizer (HHN) to patients experiencing respiratory difficulty in situations such as:
 - a. Asthma;
 - b. COPD;
 - c. Other conditions that create respiratory distress.
2. Patient History
 - a. Onset, duration, response to home therapies, and recent illness.
 - b. Past history of asthma or COPD, medication use for respiratory conditions, home oxygen use, other associated respiratory symptoms, allergies or cardiac problems.
3. Patient Examination
 - a. Assess level of conscious.
 - b. Assess ABC's.
 - c. Assess vital signs and perfusion status.
 - d. Assess for decreased breath sounds, wheezing, use of accessory muscles; or pursed lips.
 - e. Assess skin for color and presence of diaphoresis.
4. General Patient Treatment
 - a. Provide initial medical care
 - i) Determine level of consciousness.
 - ii) Determine the presence of a patent airway and adequate respirations
 - iii) Obtain O₂ sats. If less than 90%, take immediate corrective action.
 - iv) Determine the presence, rate, and quality of pulse. If not, initiate CPR.
 - v) Perform a rapid mental assessment including:
 - (1) Pupillary reaction.
 - (2) Distal motor function and sensation.
 - (3) AVPU or GCS.
 - vi) Place the patient in a position of comfort unless precluded by other conditions or injuries.
 - vii) Concurrently complete, utilizing teamwork, the following:
 - (1) Determination of the chief complaint.
 - (2) Vital signs.
 - (3) Pertinent current and past medical history.
 - (4) Medication use, including compliance, and known allergies.
 - (5) Appropriate physical examination.
 - (6) Assess blood glucose levels, if allowed by protocols.
 - b. Determine severity by measuring the Peak Expiratory Flow Rate (PEFR)
 - c. Assess need for ALS back-up.
 - d. Treat according to severity.
 - e. Treatment may be initiated at the scene but must not delay transport.
5. Mild Severity Treatment - These patients appear to be short of breath and have auscultatory wheezing. Respiratory rate can be normal to slightly elevated. The PEFR is over 300.
 - a. Administer oxygen at 1-2 LPM via nasal cannula initially, increasing gradually to meet the patient's oxygen demands.
 - b. Assess O₂ saturation.
 - c. Administer nebulized albuterol 0.5% 2.5 mg.
6. Moderate Severity Treatment – These patients present with an increased respiratory effort and rate. There are auscultatory wheezes, diminished air movement and/or use of accessory muscles. The PEFR is less than 300 but over 100.
 - a. Summon ALS assistance if available.
 - b. Administer oxygen at 1-2 LPM via nasal cannula initially, increasing gradually to meet the patient's oxygen demands.
 - c. Assess O₂ saturation.
 - d. Administer nebulized albuterol 0.5% 2.5 mg.
 - e. If the patient's condition does not improve or deteriorates, contact Medical Control for possible repeat administration of albuterol.
7. Severe Severity Treatment – These patients will present with significantly diminished minute volume. Auscultation of wheezes will be dependent upon the patient's tidal volume. The patient appears to be in or near respiratory failure with significant use of respiratory muscles. The PEFR is 100 or less.
 - a. Summon ALS assistance if available.
 - b. Administer oxygen at 15 LPM via non-rebreather mask.
 - c. Assess O₂ saturation.
 - d. Administer nebulized albuterol 0.5% 2.5 mg.
 - e. Contact Medical Control to request immediate repeat administration of albuterol.
 - f. Be prepared for possible respiratory arrest.